

INVENTOR INFORMATION

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|-------------------------------|----------------------------|
| Inventor One Given Name:: | CHRISTIAN |
| Family Name:: | MAZEL |
| Postal Address Line One:: | 8, RUE DES FONDS MARÉCHAUX |
| City:: | VAUCRESSON |
| Country:: | FRANCE |
| City of Residence:: | VAUCRESSON |
| Country of Residence:: | FRANCE |
| Postal or Zip Code:: | F-92220 |
| Citizenship Country:: | FRANCE |
| Inventor Two Given Name:: | GUY |
| Family Name:: | VIART |
| Postal Address Line One:: | 6, RUE DE VAULX |
| City:: | SAINT LÉGER |
| Country:: | FRANCE |
| City of Residence:: | SAINT LÉGER |
| Country of Residence:: | FRANCE |
| Postal or Zip Code:: | F-62128 |
| Citizenship Country:: | FRANCE |

CORRESPONDENCE INFORMATION

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|----------------------------------|-----------------------|
| Correspondence Customer Number:: | 000466 |
| Name Line One:: | YOUNG & THOMPSON |
| Address Line One:: | 745 SOUTH 23RD STREET |
| Address Line Two:: | SECOND FLOOR |
| City:: | ARLINGTON |
| State or Province:: | VIRGINIA |
| Country:: | U.S.A. |
| Postal or Zip Code:: | 22202 |
| Telephone:: | 703-521-2297 |
| Fax One:: | 703-685-0573 |
| Fax Two:: | 703-979-4709 |

APPLICATION INFORMATION

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|------------------------|------------------------------------|
| Title Line One:: | ANTI-SLIP DEVICE FOR AN ORTHOPEDIC |
| Title Line Two:: | IMPLANT |
| Total Drawing Sheets:: | FOUR |
| Formal Drawings?:: | YES |
| Application Type:: | UTILITY |
| Docket Number:: | 10172 |

REPRESENTATIVE INFORMATION

Representative Customer Number:: 000466

CONTINUITY INFORMATION

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|-------------------------|----------------|
| This application is a:: | 371 OF |
| >Application One:: | PCT/FR00/01596 |
| Filing Date:: | 09 JUNE 2000 |

PRIOR FOREIGN APPLICATION

Foreign Application One:: 99/07,884
Filing Date:: 17 JUNE 1999
Country:: FRANCE
Priority Claimed:: YES